

**Department of the History of Art and Architecture  
University of Oregon**

**Practicum and Internship Completion Form**

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student UO email: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Title: \_\_\_\_\_

Course Number: ARH \_\_\_\_\_ Number Credits: \_\_\_\_\_

Grade Option: P/NP CRN: \_\_\_\_\_

This is to confirm that the above-named student successfully completed all of the requirements of the Internship or Practicum listed above.

Comments (optional):

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Project Supervisor's Signature

date